

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.O.		1/7/99
O.I.P.E. CLASSIFIER		10	1-11-99
FORMALITY REVIEW		69853	1/21/99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/20
2	✓	✓	1/20
3	✓	✓	1/20
4	✓	✓	1/20
5	✓	✓	1/20
6	✓	✓	1/20
7	✓	✓	1/20
8	✓	✓	1/20
9	✓	✓	1/20
10	✓	✓	1/20
11	✓	✓	1/20
12	✓	✓	1/20
13	✓	✓	1/20
14	✓	✓	1/20
15	✓	✓	1/20
16	✓	✓	1/20
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19	✓	✓	1/20
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21	✓	✓	1/20
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23	✓	✓	1/20
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25	✓	✓	1/20
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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